

*Hawaii WIC Services Branch
Vendor Training*



*Hawaii Special Supplemental Nutrition
Program for Women, Infants, and Children*

Training Packet Materials

- Training Outline/Acknowledgement
- Training Handout (PowerPoint)
- WIC Allowed Foods List
- WIC Identification Folder
- WIC Shelf Markers
- Vendor Manual
- Vendor Complaint Form
- Vendor Order Form

Training Topics

- Purpose of the WIC Program
- Foods authorized by WIC
- Minimum stocking requirements
- Procedures for transacting and redeeming WIC checks
- Vendor sanction system
- Vendor complaint process
- Recent changes in WIC Program policies

WIC Program Goals

WIC was established in 1972 by the U.S.

Congress to:

- Reduce the complications of pregnancy.
- Reduce iron-deficiency anemia in women, infants, and children.
- Decrease the number of infants born with low birth weight.
- Promote good growth and development of infants and young children.

WIC Statistics

- Nearly 48-50% of all infants born in the U.S. are in WIC.
- Nearly 20% of all children in the U.S. are in WIC.
- Every \$1 spent on pregnant women in WIC, produces \$1.92 to \$4.21 in Medicaid savings for newborns and their Mothers.
- WIC prenatal care benefits reduce the rate of low birth weight babies by 44%.

WIC Statistics

- It costs \$28,000 per pound to raise a low birth-weight baby, It costs \$50 per pound to provide WIC prenatal care benefits.
- Medicaid costs are reduced \$12,000 to \$15,000 per infant for every low birth-weight prevented.
- Anemia rates dropped 16% among children in their first six months in WIC.
- Kids whose mothers were in WIC have better vocabulary test scores, and better digit memory test scores.

Services Provided by WIC

- Nutrition education
- Breastfeeding support
- Supplemental foods
- Referrals to health care and social services

Who is Eligible for WIC?

1. The applicant must fall into one of the following categories served by WIC:

- Pregnant women.
- Breastfeeding women (up to one year).
- Postpartum women (up to 6 months).
- Infants (under one year of age).
- Children (one to five years of age).

WIC Eligibility

2. The applicant must live in Hawaii.
3. Nutritional need: Applicant must have a medical and/or nutrition problem which indicates a nutritional need that could be improved by participating in the WIC Program.

*WIC Gross Household
Income Guidelines*

(July 1, 2004 to June 30, 2005)

Family Size	Yearly Income
1	\$0 to \$19,795
2	\$0 to \$26,566
3	\$0 to \$33,337
4	\$0 to \$40,108
5	\$0 to \$46,879
Each additional family member	+\$6,771

WIC Statistics

- Hawaii WIC serves an average of 32,788 participants per month.
- In 2003 over 894,000 checks worth over \$25 million were transacted.

WIC Foods

Nutrient Provided WIC Foods Which Supply the Nutrient

Protein: Cheese, dried peas or beans, eggs, milk, peanut butter, salmon, tuna fish, and infant formula.

Iron: Dried peas or beans, eggs, peanut butter, WIC Allowed brands of cereal, and iron-fortified infant formula.

Vitamin C: WIC Allowed fruit juices, and infant formula.

Vitamin A: Carrots, cheese, eggs, milk, and infant formula

Calcium: Cheese, calcium fortified juice, milk, and infant Formula.

How are WIC foods delivered?

- WIC local agencies (clinics) screen and certify applicants, provide nutrition counseling, and issue food prescriptions (checks) to WIC participants.
- Retailers (Vendors) provide an avenue for the WIC customer to fill their prescriptions.
- WIC's banking contractor pays retailers for all WIC checks transacted according to WIC policies.

Vendor Selection Criteria

1. Competitive Prices (not more than 30% above the average)
2. Inventory Requirements
3. Business Integrity
4. History of Compliance (clean record in FSP or WIC Programs for 6 years)
5. Food Stamp Authorization
6. Business Type
7. Minimum Volume of WIC (>90 checks transacted per quarter).

Vendor Selection Criteria (cont.)

8. Accessibility (open a minimum of 10 hours per day, six days a week).
9. Sanitation (Valid Food Establishment Permit)
10. No conflict of Interest with the WIC Program.
11. Registered with the Hawaii State Dept. of Commerce and Consumer Affairs.

Failure to comply with the selection criteria throughout the contract period will result in the termination of the Vendor's contract.

WIC Vendor Sign

- The WIC Vendor sign must be posted on or near the store's entrance.



Laminated 8 1/2" X 5 1/2"

And / Or



Static Cling 4" X 5"

Vendor Responsibilities

- Designate a WIC contact for your store.
- Post WIC Vendor sign.
- Stock an ample variety and quantity of WIC Allowed foods.
- Charge WIC clients same or lower prices.
- Mark or display prices for all WIC Allowed foods.
- Offer WIC customers the same courtesies as others.
- Accept Hawaii WIC checks.
- Provide foods specified on WIC checks.
- Follow WIC check redemption procedures.

Vendor Responsibilities (cont.)

- **Not** allowed to charge tax.
- **Not** allowed to seek restitution from WIC clients.
- Refund the WIC Program for any overcharges.
- Attend WIC vendor training sessions.
- Submit WIC Price/Stock Reports to the WIC Program when requested.
Program within 6 working days when requested.
- Comply with WIC monitoring/compliance visits.
- Notify WIC 15 days prior to any changes in store status, contact information, etc.

Hawaii WIC Allowed Foods List

**Organic Foods
Not Allowed**

(back)

Hawaii Women, Infants, & Children Program (WIC) Allowed Food List



Milk

Fluid pasteurized: whole, reduced (2%), lowfat (1%), or fat free (skim or nonfat) in **gallon** size containers or as printed on WIC checks.

May be calcium plus or extra rich.

Any **evaporated** milk in a **12 ounce** can.

Any **powdered** milk up to the quantities specified.

Recombined pasteurized milk may be substituted for fluid milk.

Cannot buy any goat, rice, soy or flavored milk.

When Printed on WIC Checks

Acidophilus, Lactose-Free, or Lactose-Reduced: whole, 2%, 1%, or fat free in ½ gallon container only.

May be calcium fortified.

Hawaii State Department of Health
WIC Services Branch

Cereals

Cereal in 9-36 ounce boxes



Contains individual packets



Big Bite



Cereal



Kix
Life
Product 19
Special K
Crunchy Corn Bran
Bran Flakes - (Post)
Cream of Wheat, Regular Flavor Only, Instant,
1 minute, 2 ½ minute, or 10 minute (Nabisco)
Chex - Corn, Rice, Wheat, Multi Bran
Corn Flakes – Best Yet, Springfield,
Country Corn Flakes (General Mills),
Kellogg's Corn Flakes, Western Family
Crispy Rice - Best Yet, Ralston, Safeway,
Springfield, Western Family
Frosted Mini-Wheats Bite-Sized - (Kellogg's)
Honey Bunches of Oats- Honey - (Post)
Instant Oatmeal, regular flavor, box of individual
packets (Quaker)
Toasted Oats - Best Yet, Safeway, Springfield,
Cheerios, Multi Grain Cheerios (General Mills),
Western Family
Total – Corn Flakes, Whole Grain

Size: 9 ounce box or larger to equal up to
36 ounces

Cannot buy more than 36 ounces of cereal.

Milk

- **Cow Milk**
- **Gallons OR Half Gallons**
Checks will specify container size
- **Recombined whole or 2%**
- **When specified on check:**
whole, fat-free, 1%, 2%,
Acidophilus or Lactose-free /
reduced (fat-free, 1%, 2%)
- **Evaporated milk in 12 oz. can**
- **Powdered milk: quart packages**
as specified on check

May be calcium fortified



Milk

Fluid pasteurized: whole, reduced (2%), lowfat (1%), or fat free (skim or nonfat) in **gallon** size containers or as printed on WIC checks.

May be calcium plus or extra rich.

Any **evaporated** milk in a **12 ounce** can.

Any **powdered** milk up to the quantities specified.

Recombined pasteurized milk may be substituted for fluid milk.

Cannot buy any goat, rice, soy or flavored milk.

When Printed on WIC Checks

Acidophilus, Lactose-Free, or Lactose-Reduced:
whole, 2%, 1%, or fat free in ½ gallon container only.

May be calcium fortified.

Eggs

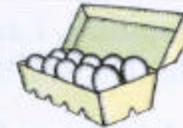
**Medium or large
White, grade A, Chicken**

Eggs

White, Grade A Chicken Eggs.

Size: **One dozen medium or large**

Cannot buy brown or fertile eggs.



Cheese

- Domestic
- Regular, reduced or fat free allowed
- Block, ball or shredded
- 8 oz. through 16 oz.
- Styles of: cheddar (cheddar, mild, medium, sharp, and extra sharp), colby, monterey jack, mozzarella, and swiss
- Can combine styles and packaging

Cheese



Cheddar, Colby, Mozzarella, Swiss, or Monterey Jack.

Must be domestic or plain in block, ball, or shredded. May be mild, medium, sharp, reduced or fat free.

Size: **8 ounces or larger to equal up to 16 ounces**

Cannot buy sliced, cube, string, imported, deli cheeses, or cheese with added peppers, herbs, or flavors.

Peanut Butter

- Plain, smooth, chunky, crunchy, extra crunchy, natural or reduced fat.
- 8 oz. – 18oz. jar size
 - 18 oz. jar - 1
 - 16 oz. jar - 1
 - 8 oz. jars - 2
 - can combine styles
- Peanut butter spread not allowed.

Peanut Butter

Plain, smooth, chunky, crunchy, extra crunchy, natural, or reduced fat.

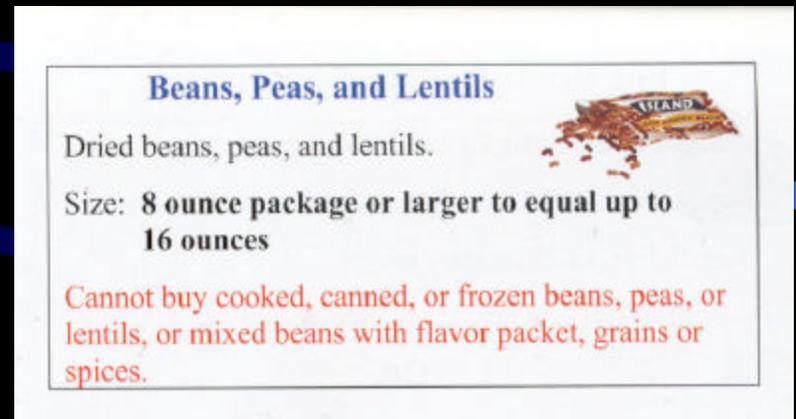


Size: 8 ounce jar or larger to equal up to 18 ounces

Cannot buy "peanut butter spread," or with added jam, jelly, honey, chocolate or flavors, or in squeeze tubes.

Beans, Peas, or Lentils

- Any dried peas, beans or lentils
- 8 oz. – 16 oz. packages can combine types
- Weight & product must be printed in English



Juice Criteria

- **100% fruit juice**
- **Unsweetened**
- **120% DV for vitamin C**
- **12 ounce frozen concentrate**
(10 ounce reduced acid, Orange frozen concentrate)
and/or
46 ounce single strength cans or plastic bottles
- **Calcium fortified is allowed**

Juice

* Frozen concentrate * 46 plastic bottles / cans

- Any brand:

Apple, Grapefruit, Orange & Pineapple* *

- Brand Specific

Welch's: Grape, white or purple

Frozen – yellow pull strip *

46 plastic bottle with purple caps & cans *

Minute Maid: Orange / Passion*

Orange / Tangerine*

Dole: Pineapple / Orange*

Pineapple / Orange / Banana*

Juicy Juice: All varieties and blends *
(including grape)

Calcium fortified

Juice



All Juice Must Be: 100% juice, with no sugar added, with at least 120% Daily Value (DV) for vitamin C. May be calcium fortified.

Frozen Concentrate In 10 oz.-12 oz. cans

Any Brand

Apple
Grapefruit (white or pink)
Orange (including reduced acid)
Pineapple

These Brands Only

Grape, white or purple (Welch's with yellow pull strip)
Orange Passion -Calcium (Minute Maid)
Orange Tangerine-Calcium (Minute Maid)
Pineapple-Orange (Dole)
Pine-Orange-Banana (Dole)

Single Strength (Ready to Use) Only in 46 oz. plastic bottles or cans

Any Brand

Apple
Grapefruit (white or pink)
Orange
Pineapple

These Brands Only

Grape, white or purple (Welch's can or bottle with purple cap and Juicy Juice)
Juicy Juice (All varieties and blends)

Cannot buy non-frozen concentrate and any juice with added zinc or other nutrients.

Carrots

- Fresh packaged
- Loose



Carrots

Fresh package, or loose whole carrots without tops in quantity printed on WIC check.

Size: 1 or 2 pounds

- Not allowed:
 - Organic
 - Cut
 - Baby
 - Canned

SALMON & TUNA

- Pink Salmon

7.5 or 14.75 oz cans

Cannot buy red, boneless, smoked or in pouches

- Tuna

6 oz cans

Water packed, dolphin safe, chunk light

Cannot buy albacore or white tuna

For Breastfeeding Women Only



Pink Salmon

Canned pink salmon as printed on WIC check.

Size: 7.5 or 14.75 ounce can

Cannot buy red, boneless, smoked or in pouches.

- OR -

Tuna

Water packed, dolphin safe, chunk light tuna as printed on WIC check.

Size: 6 ounce can

Cannot buy Albacore or white tuna.



chunk light tuna as printed

Infant Cereal

- Barley, Mixed, Oatmeal, or Rice
- 8 oz. box
(May substitute one 16 oz. box for two 8 oz.)
- Can mix styles & box sizes
- Cannot buy high protein, with yogurt, fruit or infant formula



Infant Cereal

Barley, Mixed, Oatmeal, or Rice.

Size: 8 or 16 ounce box

Cannot buy high protein cereals or cereals with yogurt, fruit, or infant formula.

Infant Formula

Checks will list:

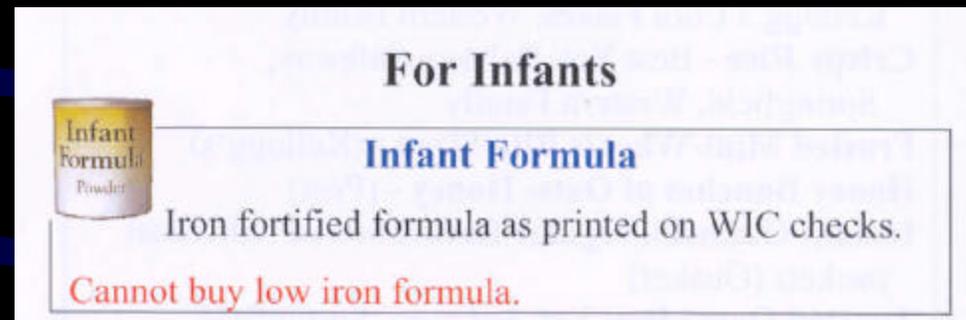
- Name of formula
- Style

concentrate

powdered

Ready To Use (RTU)

- Can size
- Quantity



WIC Shelf Marker



- Used to assist WIC customers in identifying WIC foods.
- Should be posted on shelves where WIC allowed foods are displayed.
- **Not Allowed: Shelf markers which endorse a specific food or brand.**

Minimum Inventory Requirements

Describes the minimum, variety and quantity of WIC foods that the vendor must stock at all times.

Contact WIC if you are temporary out of a product.

MINIMUM INVENTORY REQUIREMENTS

These stock requirements must be maintained at all times. Failure to maintain the required minimum inventory of WIC Allowed foods may result in the disqualification of the vendor from the WIC Program

WIC FOOD	BRAND/TYPER	Minimum Quantity	Size	# of Varieties
Milk (Fluid)	Any brand refrigerated pasteurized milk - whole, fat-free (skim), 1% (lowfat), or 2% (reduced fat) or Recombined whole, or 2% (reduced fat.)	12	Gallon containers	2 types
Eggs	Any brand - white, grade A, chicken, large or medium.	6	1 dozen cartons	N/A
Cheese	Any brand - Plain domestic, in block, ball or shredded. May be reduced or fat free.	4 LBS.	8 - 16 ounce block/ball/shredded	3 types
	Cheddar mild, medium, sharp, extra sharp Colby Monterey Jack Mozzarella Swiss	---or--- 4 LBS	-----or----- Any combination of 8 - 16 ounces random weight.	

Minimum Inventory Requirements

WIC Food	BRAND/TYPE	MINIMUM QUANTITY	SIZE	# OF VARIETIES
Milk (Fluid)	Any brand refrigerated pasteurized milk – Whole, Fat-free (skim), 1% (low-fat), or Recombined- Whole or 2% (reduced fat.)	12	Gallon containers	2 types
Eggs	Any brand –white, grade A chicken large or medium.	6	1 dozen cartons	N/A
Cheese	Any brand – Plain, domestic, block, ball or shredded. Cheddar – cheddar, mild, medium sharp, extra sharp Colby Monterey Jack Mozzarella Swiss	4 Lbs.	Any combo of 8 – 16 oz block ball shredded (Including random weights)	3 types

Minimum Inventory Requirements

WIC Food	BRAND/TYPE	MINIMUM QUANTITY	SIZE	# OF VARIETIES
Juice	<p>All juices must contain 100% fruit juice, 120% DV for vitamin C and be unsweetened.</p> <p>Frozen Concentrate Any brand: Apple, orange, pineapple or grapefruit</p> <p>Brand Specific Dole – Pineapple / Orange/Banana Pineapple / Orange</p> <p>Minute Maid – Orange / Passion Orange / Tangerine</p> <p>Welch’s – Grape, White or Purple (with yellow pull strips)</p> <p>Juicy Juice – All Varieties</p>	12	12 oz. cans/ plastic bottles	2 types
		AND		

Minimum Inventory Requirements

WIC Food	BRAND/TYPE	MINIMUM QUANTITY	SIZE	# OF VARIETIES
Juice	<p>All juices must contain 100% fruit juice, 120% DV for vitamin C and be unsweetened.</p> <p>Single Strength Any brand: Apple, orange, pineapple or grapefruit</p> <p>Brand Specific: Welch's Grape - White or Purple (with purple caps) Juicy Juice – All Varieties</p>	10	46 oz. plastic bottles or cans	2 types
Evaporated Milk	Any brand – whole, 2% (reduced fat), 1% (low-fat, or fat-free (skim))	6	12 oz cans	NA

Minimum Inventory Requirements

WIC Food	BRAND/TYPE	MINIMUM QUANTITY	SIZE	# OF VARIETIES
Salmon	Any Brand – pink with	10	7.5 oz. can	N/A
		And 4	And 14.75 oz cans	
Tuna	Any brand – chunk light, water packed, dolphin safe	6	6oz cans	N/A
Beans, Peas or Lentils	Any brand – dried beans peas, or lentils	4 Lbs.	8 – 16 oz packages any combination	2 types

Minimum Inventory Requirements

WIC Food	BRAND/TYPE	MINIMUM QUANTITY	SIZE	# OF VARIETIES	
Infant Formula	Enfamil with Iron [®] (yellow label)	Powder	24	14.3 ounce	N/A
		Concentrate	31	13 ounce	
	Enfamil Prosobee [®] (blue label)	Powder	8	14.3 ounce	N/A
		Concentrate	N/A ¹	13 ounce	

¹ Vendors are not required to stock the formula. However, vendors must procure formula within seven (7) calendar days of request from the WIC Program or WIC customer.

WIC Vendor Price/Stock Report

Instructions



Certification



(contact information & signature)

WIC VENDOR PRICE/STOCK REPORT
INSTRUCTIONS

Complete all sections of pages 1 through 5, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC Program will assume that your store does not have that particular food item in stock. Do not estimate or project prices or stock. The WIC Vendor Price/Stock Report must reflect actual shelf prices and actual stock on hand at the time of completion.

1. Carefully review the WIC Minimum Inventory Requirements on pages 6 through 8.
2. On pages 2, 3, 4 and 5, indicate if your store meets the minimum inventory requirement for each food item by checking "Yes" or "No". If you answer "No", indicate the amount of the food item in stock by filling in the corresponding blank.
3. List the shelf price for each food item in stock. Fill in the price for the exact size listed.
4. When more than one brand is available, include your lowest (including sale price) and highest price.
5. Fax pages 1 through 5 of the WIC Vendor Price/Stock Report to (808) 595-0168, or mail to: WIC Vendor Management, 235 South Beretania Street, Suite 701, Honolulu, HI 96813.

CERTIFICATION

I certify that:

1. I am authorized to act on behalf of the Vendor;
2. I have verified that the quantities of WIC inventory listed on pages 2, 3, 4 and 5 are either on the shelves or in inventory housed at the Vendor's store location;
3. I have verified that the prices listed on pages 2, 3, 4 and 5 are true and correct.

Signature: _____ Date: _____

Name (Print): _____ Phone: _____

Title: _____ Fax: _____

Store Name/Number: _____

Store Address: _____
WIC Vendor Management

Hawaii WIC Program 12-3 Vendor Manual
Revised Oct. 2003

Price Stock/Report (cont.)

- Verify minimum variety

MILK - Fluid, fresh, pasteurized, in gallon containers

Are there at least 2 varieties? Yes No

If No, # of varieties in stock? _____

Are there at least 12 Gallon containers? Yes No

If No, # of Gallon containers in stock? _____

- Verify minimum quantity

Type	Gallon	
	Low	High
Whole	\$	\$
Fat Free (Skim/Nonfat)	\$	\$
Low Fat (1%)	\$	\$
Reduced Fat (2%)	\$	\$
	½ Gallon	
Acidophilus	\$	\$
Lactose Reduced	\$	\$

- Fill in low and high prices

Minimum Inventory Requirements

MINIMUM INVENTORY REQUIREMENTS

These stock requirements must be maintained at all times. Failure to maintain the required minimum inventory of WIC Allowed foods may result in the disqualification of the vendor from the WIC Program.

WIC FOOD	BRAND / TYPE	Minimum Quantity	Size	Pl of Varieties
Milk (Fluid)	Any brand of long shelf pasteurized milk - whole, fat-free (skim), 1% (low-fat), 2% (reduced fat) or a combination whole or 2% (reduced fat.)	12	Gallon containers	2 types
Eggs	Any brand - white, grade A, chicken, large or medium.	8	1 dozen cartons	N/A
Cheese	Any brand - Past, domestic, pasteurized block, ball or shredded. Cheddar mild, medium, sharp, extra sharp	4 LBS.	3 - 18 ounce blocks/shredded	3 types
	Colby Monterey Jack Mozzarella Swiss Mild cheddar, pasteurized, Mozze	4 LBS.	Any combination of 3 - 18 ounces random weight.	

The minimum stock requirements must be maintained at all times. Failure to maintain the required minimum inventory of WIC Allowed foods may result in the termination gram

	Pineapple-Orange Minute Maid - Orange-Passion Orange-Fangame Welch's - Grape, White or Purple (with yellow pull tops) And/or Single Strength Any brand - apple, orange, pineapple, or grapefruit. Brand Specific Welch's Grape, White or Purple (with purple caps) Jolly Juice - All Varieties	10	48 ounce plastic bottles and/or cans	2 types
Evaporated Milk	Any brand - whole, 2% (reduced fat), 1% (low-fat), or fat-free (skim)	8	12 ounce cans	N/A

Exception From Minimum Inventory Requirements

- The vendor must provide documentation that the WIC food item may be procured within one week.
- The WIC Program must determine that the vendor's redemption of the food item in the past six months substantiates the request providing stock available.
- WIC must determine that there are less than eight women/child participants or less than four infant participants living in the area served by the vendor.
- The vendor must provide the WIC food within one week of request from WIC Program or WIC customer.

WIC TACKS

Informational
bulletins
faxed or
mailed to
vendors.



HAWAII WIC TACKS

Important - Mead Johnson to Change Size of Infant Formula Powder Cans!!!
Mead Johnson Nutritionals will be changing the can sizes of its infant formula powder products. Beginning in March 2002, Mead Johnson will be standardizing its infant formula powder products to two different can sizes, 14.3 and 28.5 dry ounces. These new sizes will replace the 14 oz, 16 oz, 2.0 lb and 2.1 lb cans currently produced by Mead Johnson. These changes will not affect the Mead Johnson infant formula concentrate products.

The new cans are expected to appear at retail stores as early as March 2002, with national conversion completed by June 2002. **During the transition period varying levels of both the current and new can sizes will be available at retail. Vendors will be required to sell WIC customers combinations of the old and new can sizes if a sufficient supply of one size is not available to complete a WIC transaction.**

The visual appearance of the can will remain essentially unchanged, with the exception of the can being slightly shorter and the identification of the new fill weight. The tables below provide a summary of the product changes:

NEW SIZE PRODUCTS

MJN CASE ITEM NO.	PRODUCT DESCRIPTION	UNIT SIZE	UNITS PER CASE	UNIT UPC CODE
033012	Enfamil [®] Low Iron Powder	14.3 oz can	6	3-0087-0330-42-0
033138	Enfamil [®] with Iron Powder	14.3 oz can	6	3-0087-0331-78-6
033139	Enfamil [®] with Iron Powder	28.5 oz can	6	3-0087-0331-79-3
061605	Lactofree [®] Powder	14.3 oz can	6	3-0087-0616-45-6
061602	Lactofree [®] Powder	28.5 oz can	6	3-0087-0616-42-5
310104	ProSobee [®] Powder	14.3 oz can	6	3-0087-3101-44-7
310103	ProSobee [®] Powder	28.5 oz can	6	3-0087-3101-43-0
Not available	EnfaCare [®] Powder	14.3 oz can	6	3-0087-0019-43-1

CURRENT SIZE PRODUCTS TO BE DISCONTINUED

MJN CASE ITEM NO.	PRODUCT DESCRIPTION	UNIT SIZE	UNITS PER CASE	UNIT UPC CODE
033021	Enfamil [®] Low Iron Powder	1 lb can	6	3-0087-0330-01-07
033121	Enfamil [®] with Iron Powder	1 lb can	6	3-0087-0331-01-4
033023	Enfamil [®] Low Iron Powder	2 lb can	4	3-0087-0330-43-7
033123	Enfamil [®] with Iron Powder	2 lb can	4	3-0087-0331-43-4
061606	Lactofree [®] Powder	14 oz can	6	3-0087-0616-14-2
061603	Lactofree [®] Powder	2.1 lb can	4	3-0087-0616-43-2
310111	ProSobee [®] Powder	14 oz can	6	3-0087-3101-21-8
310114	ProSobee [®] Powder	2.1 lb can	4	3-0087-3101-22-5
001902	Enfacare [®] Powder	14 oz can	6	3-0087-0019-42-4

The WIC (Pink) Identification Folder

1. Family I.D. Number
2. Participant Name(s)
3. Authorized Representative(s) Signature(s)
4. Authorized Representative(s) Printed Name(s)
5. "INVALID WITHOUT SIGNATURE(S)"
6. Local Agency Address and Telephone Number


State of Hawaii
Special Supplemental Nutrition Program for
Women, Infants and Children (WIC)
WIC IDENTIFICATION FOLDER

Family ID Number: _____

Do Not Shop Without This Folder

Participant Name	Client ID Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Authorized Representative Signature(s) & Printed Name(s)

1. _____

Printed Name: _____

2. _____

Printed Name: _____

INVALID WITHOUT SIGNATURE(S)

Local Agency Address & Telephone Number: _____



WIC Identification

- **Note:** Vendor is **NOT** allowed to ask a client for personal information (phone number, address, etc.).
- Vendor is **NOT** allowed to ask for other forms of identification.
- Folder must be signed prior to making WIC purchase.
- Directions for using WIC checks is located on inside flap of folder.

The WIC Check

HAWAII WIC PROGRAM					2	3	4
235 S. Beretania Street, Suite 701, Honolulu, HI 96813					6813		MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PENALTY
586-8175 (Oahu), 1-888-820-6425 (Toll Free for Islands)							
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
Testing Juice, Or					10/01/2002	10/30/2002	0000002
5	CLIENT I.D.	6	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	
	11007051	10		01	AA003578	002406SS	
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):					VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE		PAY TO THE ORDER OF WIC VENDOR NO.
1	Gallon	MILK - WHOLE, SKIM, REDUCED FAT		DATE OF USE		11	
1	LB	DRIED BEANS OR PEAS		AMOUNT			
2	ITEMS	WIC APPROVED JUICE:		\$			
		(10 - 12 OZ FROZEN CONCENTRATE OR 46 OZ CAN OR 46 OZ PLASTIC BOTTLE)		NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP			
1	36 OZ	WIC APPROVED CEREAL		X		10	
					WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE		

1. Name of Client
2. First Day to Use
3. Last Day to Use
4. Check Number
5. Client I.D. Number
6. Agency
7. Foods to be Purchased
8. Date of Use
9. Amount (\$)
10. Signature of WIC Customer
11. Vendor Stamp

WIC Check Redemption Procedures

HAWAII WIC PROGRAM 235 S. Beretania Street, Suite 701, Honolulu, HI 96813 586-8175 (Oahu), 1-888-820-6425 (Toll Free for Neighbor Islands)					ABUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION		
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
Testing Juice, Or					10/01/2002	10/30/2002	0000002
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	VENDOR MUST DEPOSIT WITHIN DAYS OF FIRST DAY TO USE		PAY TO THE ORDER OF WIC VENDOR NO.
11007051	10	01	AA003578	002406SS	60		
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):							
1	Gallon	MILK - WHOLE, SKIM, LOW/REDUCED FAT					
1	LB	DRIED BEANS OR PEAS					
2	ITEMS	WIC APPROVED JUICE: (10 - 12 OZ FROZEN CONCENTRATE OR 46 OZ CAN OR 46 OZ PLASTIC BOTTLE)					
1	36 OZ	WIC APPROVED CEREAL					
					DATE OF USE		
					AMOUNT		
					\$		
					X	NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP	
WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE							

1. Look for any altered information.
2. Verify the dates on the check.

Verify that the check is being used within the “First Day to Use” and the “Last Day to Use”.

HAWAII WIC PROGRAM					MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION		
235 S. Beretania Street, Suite 701, Honolulu, HI 96813					586-8175 (Oahu), 1-888-820-6425 (Toll Free for Neighbor Islands)		
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
Testing Juice, Or					10/01/2002	10/30/2002	000002
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE		
11007051	10	01	AA003578	002406SS	PAY TO THE ORDER OF WIC VENDOR NO.		
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):							
1	Gallon	MILK - WHOLE, SKIM,	3	REDUCED FAT	DATE OF USE		
1	LB	DRIED BEANS OR PEAS			10-18-2000		
2	ITEMS	WIC APPROVED JUICE:			AMOUNT		
		(10 - 12 OZ FROZEN CONCENTRATE OR			\$ 14.94		
		46 OZ CAN OR 46 OZ PLASTIC BOTTLE)			6		
1	36 OZ	WIC APPROVED CEREAL			X		
WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE							

3. Verify selected food items.

4. Ring up the Sale.

5. Enter the Date of Use.

6. Enter the Purchase Price.

HAWAII WIC PROGRAM					MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION		
 235 S. Beretania Street, Suite 701, Honolulu, HI 96813 586-8175 (Oahu), 1-888-820-6425 (Toll Free for Neighbor Islands)					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
NAME OF CLIENT					01/01/2003	01/30/2003	0002256
DOE, JANE M.					VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE		PAY TO THE ORDER OF WIC VENDOR NO.
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	DATE OF USE 01/15/03 AMOUNT \$ 127.95 NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP		
189999999	80	01	SS001217	000974SS			
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):							
8	14.3 OZ	ENFAMIL W/ IRON - (NO LOW IRON)					
XXX	XXXXX XXXXX	XX					
WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE					X <i>Jane Doe</i> 000528		

- **7. Witness the signature (signature must be in ink) and compare against signature #1 or #2 on ID folder.**
- 8. Ask the WIC customer to sign the register receipt.
- 9. Retain the receipt with customer's signature for your records.
- 10. Verify that the check has not been reported as lost or stolen.

Correcting the "Date" and "Amount"

HAWAII WIC PROGRAM					MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION		Payable Through FSMC An Affiliate of Security State Bank Howard Lake, MN 55349		75-1248 919		ACCT. # 3757016 805503	
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER					
DOE, JANE M					11/10/2002	12/09/2002	03757016					
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	VENDOR MUST DEPOSIT WITHIN DAYS OF FIRST DAY TO USE			PAY TO THE ORDER OF WIC VENDOR NO.				
18099999	80	01	SS001217	000974SS	60	DATE OF USE						
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):					12-08-02							
					10-15-02							
					AMOUNT							
					\$ 146.25							
					131.31							
					X			NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP				
					WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE							
⑈ 3 7 5 7 0 1 6 ⑈ ⑆ 0 9 1 9 1 2 4 8 2 ⑆ 8 0 5 5 0 3 ⑈												

1. Draw a single straight line (in ink) through the incorrect date or amount;
2. Enter the correct date or amount clearly and legibly (in ink) in the space next to or above the wrong date or amount; and
3. Initial next to each correction.

DO NOT *write over the incorrect date
or amount;*

DO NOT *scratch out the error so that it
cannot be read;*

DO NOT *use correction fluid (white-
out) to cover over the error.*

WIC Check Deposit

HAWAII WIC PROGRAM					MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION		
235 S. Beretania Street, Suite 701, Honolulu, HI 96813 586-8175 (Oahu), 1-888-820-6425 (Toll Free for Neighbor Islands)							
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
DOE, JANE M.					01/01/2003	01/30/2003	0002256
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE		PAY TO THE ORDER OF WIC VENDOR NO. 1
189999999	80	01	SS001217	000974SS			1
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):							
8 XXX	14.3 OZ XXXXX XXXXXX	ENFAMIL W/ IRON - (NO LOW IRON) XX					
					DATE OF USE	151 HI WIC	
					AMOUNT	NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP	
					\$	127.95	
					X	Jane Doe	
					WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE		

1. Validate the WIC check with the Hawaii WIC Vendor Stamp .
2. Deposit the WIC check within sixty (60) days of the “FIRST DAY TO USE”.

Coupons, Discounts, and Specials

- 1. Cents off coupons*
- 2. Free additional ounces*
- 3. Buy one get one free*
- 4. Store membership discount cards*

Problem Solving

Section 7 of the Vendor Manual contains answers and suggested solutions to commonly asked questions.

If you are presented with an expired or post dated check:

- Give the check back to the customer.
- Politely let the customer know you cannot accept checks that are expired or post dated.
- For post dated checks, ask the customer to come back when the check is valid.
- Complete a *Hawaii WIC Program Vendor Complaint Form* and fax it to WIC.

If you have entered the “Date of Use”

7-1

- Give the check back to the customer.
- Politely let the customer know you cannot accept post dated checks.
- Point out your error (Date or Amount entered).
- Explain to the customer that the check can still be used.
- Ask the customer to come back when the check is within valid dates.
- Fill out and fax a complaint form.
- **Note: Problem can be avoided by verifying dates before ringing up sale.**

Wrong food purchased and “Date” or “Amount” written on check.

- Give the check back to the customer
- Politely inform the customer that the foods being purchased are not listed on the check.
- Point out your error to the customer (“Date” or “Amount” entered).
- Explain to the customer that the check can still be used.
- Fill out and fax a complaint form.
- **Note: Problem can be avoided by verifying foods before ringing up sale.**

If you are presented with a check and the “Date” or “Amount” are filled in:

- Review the “Date” or “Amount” previously entered.
- Accept the check if the “Date” or “Amount” has not been altered or tampered with.
- Process the sale following procedures outlined in section 5 (*Cashing WIC Checks*) and section 6 (*Correcting Errors on the WIC Check*).
- Do **NOT** accept the check if the “Date” or “Amount” has been scratched out, erased, scribbled over, written over, or corrected with white-out.

If you forget to get the customer's signature:

- Call WIC Vendor Management or the customer's Local Agency.
- Vendors are **NOT** allowed to contact WIC clients.
- WIC will attempt to contact client.
- WIC does not guarantee that the client will return to the store before the check expires.
- Payment will **NOT** be made if the signature is obtained after the check has been rejected.
- **Note:** Cashiers are required to witness the customer's signature, and to compare the signature on the check against the signature on the ID folder.

Signature's do not match.

7-3

- If possible, make a copy of the check.
- Give the check back to the customer.
- Politely inform the customer that you cannot accept a check when the signature on the check does not match the signature on the ID folder.
- Ask the customer to take the check to the WIC clinic and ask for assistance.
- Fill out and fax a complaint form.

Note: Signatures do not have to be exactly the same. If one of the signatures is missing a middle initial, the check should be accepted.

the WIC ID folder.

- WIC ID folders should be signed prior to entering the store.
- Give the check and ID folder back to the customer.
- Politely inform the client that you cannot accept checks if their signature does not appear on the ID folder.
- Fill out and fax a complaint form.

folder and the customer voluntarily shows you another

- Compare the customer's name on their driver's license (or other form of I.D.) against the "Authorized Representative's" check.
- If the names and signatures match, inform the customer that you have to contact the WIC Office.
- Call WIC Vendor Management at 1-888-820-6425 or (808) 586-4776.
- If WIC validates customer as an authorized representative, ask customer to sign the WIC ID folder.
- If signature's match, you may complete sale.
- Fill out and fax a complaint form.

Ripped or torn checks

7-5

- WIC's Bank requires the following key information to process WIC checks: MICR information (**bank routing number, account number, and check serial number**), WIC Vendor stamp, date of transaction, customer's signature, and the amount.
- Tape ripped and torn checks together, and review if all necessary information is available.
- If the check contains all of the required information, proceed to process the check as outlined in the WIC Vendor Manual.
- If the check is missing any of the required information, ask the customer to take the check back to the WIC clinic.

Checks Marked with a Pen, Pencil, or Highlighter

- WIC customers and WIC Vendors may use a **pencil, pen, or highlighter** to **check, circle, or highlight** the **preprinted information** on WIC checks to assist them while shopping or processing a WIC sale.
- If a **highlighter** is used, it must be **light in color** (i.e., **yellow**).

Altered checks

- Altered checks are checks that have any preprinted information changed in any way.
- Do **NOT** accept altered checks.
- WIC's bank screens checks for alterations.
Altered checks will not be paid.
- Examples of altered checks:
 - Dates changed (*First Day to Use, Last Day to Use*).
 - Erasures or white out used.
 - Items written over (name, dates, foods, etc.)
 - Items scratched out (name, dates, foods, etc.)

Altered checks (continued)

If you are presented with an altered check:

- If possible, make a copy of the check.
- Politely give the customer the check back.
- Do not accuse the customer of altering the check.
- Ask the customer to take the check back to the WIC clinic.
- Fill out and fax a complaint form.

Customer using check that is pre-signed.

- Do **NOT** accept checks that have been pre-signed.
- Cashiers must witness customer signing the WIC check.
- Give the check back to the customer.
- Politely inform the customer that you cannot accept pre-signed checks.
- Ask the customer to take the check back to the WIC clinic.
- Fill out and fax a complaint form.

Customer using WIC checks from another state.

- Do **NOT** accept WIC checks issued by another state.
- Give the check back to the customer.
- Politely inform the customer that you cannot accept out of state WIC checks.
- Refer the customer to the nearest WIC clinic. The customer may be eligible to receive WIC benefits from the Hawaii WIC program.

WIC customer wants a rain check or credit:

- Vendors are **NOT** allowed to issue rain checks or credit.
- Do **NOT** accept the check.
- Explain to the customer that you are not allowed to issue rain checks or credit.
- Ask the customer to go back to the WIC clinic.
- Fill out and fax a complaint form.

WIC customer asks for a cash refund for WIC food

- Vendors are **NOT** allowed to give cash refunds for food purchased with WIC checks.
- Refuse the request.
- Politely explain to the customer that you are not allowed to give refunds for food purchased with WIC checks.
- Ask the customer to go back to the WIC clinic.
- Fill out and fax a complaint form.

If you are unable to determine that the returned food items were purchased with a WIC check, or if the store policy does not require customers to provide a copy of the sales receipt, do the following:

- Ask the customer if the food was purchased with a WIC check, and explain that you are not allowed to give refunds for WIC purchases.
- Follow store procedures for documenting cash refunds or store credits.
- If you obtain a copy of the customer HDL, or other I.D., and require the customer to fill out a form in order to receive a refund or store credit, forward a copy to WIC along with a complaint form.

Customer wants to purchase non-WIC foods or food that is not listed on the check.

- Substitutions are **NOT** allowed. Only the food listed on the check may be purchased.
- Only a Physician or Nutritionist can change the types of food a WIC participant should receive.
- Politely tell the customer that substitutions are **NOT** allowed.
- If the customer seems confused, or appears not to understand, ask the client to go back to the WIC clinic for assistance.
- Fill out and fax a complaint form.

WIC customer wants to exchange WIC food or infant formula

- Vendors are **NOT** allowed to exchange food (including infant formula) purchased with a WIC check for other brands or types of food.
- Vendors are only allowed to make exchanges for an identical food item when the original food item is defective, spoiled, or has exceeded its “sell by” or “best if used by” date.
- Refuse requests to exchange WIC foods.
- Fill out and fax a complaint form.

Rude or abusive WIC customer.

- If you can not resolve the problem at the store level, report the customer to the WIC Vendor Management Unit using the *Hawaii WIC Program Vendor Complaint Form*. Fax the form to (808) 586-8189.
- Call the WIC Vendor Management Unit if you do not have a complaint form available or if the problem requires the immediate attention of the WIC Vendor Management Unit.

Vendor Complaint Form

- Date & Time of incident
- Customer's Name
- Check numbers
- Indicate problems by checking boxes
- Describe details in "Comment" section
- Attach copy of check(s)
- Attach additional comments or statements
- Fax to WIC (808) 586-8189

**Hawaii WIC Program
VENDOR COMPLAINT FORM**

On _____ at _____ am/pm
Date (Month, Day, Year) Time (Hour : Minutes)

Customer's Name and/or Description _____

Using WIC Check(s) _____ tried to:
(Black) Check Number(s)

Purchase unauthorized food with a WIC check (please describe food below)
 Purchase more food than allowed (please describe food below)
 Use a WIC check before/after valid date (circle "before" or "after")
 Purchase WIC foods with an invalid WIC Identification Folder (missing or mis-matched signatures)
 Return WIC food for cash, credit, or non-WIC items
 Purchase non-food items with WIC check (please describe items below)
 Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
 Use an altered WIC check (please describe alteration below)
 Use a pre-signed WIC check
 Other (please describe below)
 Customer was abusive toward store personnel (please describe below)

Vendor comments/statement: _____

Did transaction go through? Yes No After corrections
Copy of WIC check attached? Yes No
Additional comments attached? Yes No

Vendor Name and WIC Vendor # _____ Address/City _____

Vendor Employee Name _____ Phone Number _____

Fax to: (808) 586-8189
Mail to: WIC Vendor Management, 235 S. Beretania Street, Suite 701, Honolulu, HI 96813
Phone: (808) 586-4776 or 1-888-820-6425

WIC FORM V-001 (09/00) WIC Distribution Liaison PHN
Clinic Ops

Vendor Complaint Form (top half)

Hawaii WIC Program VENDOR COMPLAINT FORM

On _____ at _____ : _____ am/pm
Date (Month, Day, Year) Time (Hour : Minutes)

Customer's Name and/or Description _____

Using WIC Check(s) _____ tried to:
(Black) Check Number(s)

- Purchase unauthorized food with a WIC check *(please describe food below)*
- Purchase more food than allowed *(please describe food below)*
- Use a WIC check before/after valid date *(circle "before" or "after")*
- Purchase WIC foods with an invalid WIC Identification Folder *(missing or mis-matched signatures)*
- Return WIC food for cash, credit, or non-WIC items
- Purchase non-food items with WIC check *(please describe items below)*
- Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
- Use an altered WIC check *(please describe alteration below)*
- Use a pre-signed WIC check
- Other *(please describe below)*
- Customer was abusive toward store personnel *(please describe below)*

Rejected Checks

When a check is rejected a reject/return reason will be stamped on the face of the check. A table of the different reject/return reasons can be found on page 8-2 and 8-3 of your Vendor Manual.

REJECT/ RETURN STAMP

MISSING VENDOR STAMP

Stamp and redeposit

MISSING SIGNATURE

Void - Do Not Redeposit

USED BEFORE ISSUE DATE

Void - Do Not Redeposit

ILLEGIBLE/MISSING AMOUNT

Void - Do Not Redeposit

REIMBURSEMENT CRITERIA

Payment will be made

Payment will NOT be made

Payment will NOT be made

Payment may be made

Second Level Review of Rejected Checks

8-4

Vendors may request a second level review of checks rejected by the bank.

Requests must be on letterhead & include:

- Rejected check numbers
- Dollar amounts
- Reject reasons
- Reason the rejected checks should be paid
- Address to send replacement checks to

Enclose with the request:

- Rejected checks
- Copies of register receipts

The WIC Replacement Check

HAWAII WIC PROGRAM					MISUSE OF CHECKS SUBJECT TO STATE AND FEDERAL PROSECUTION			
235 S. Beretania Street, Suite 701, Honolulu, HI 96813 586-8175 (Oahu), 1-888-820-6425 (Toll Free for Neighbor I					2	3		
NAME OF CLIENT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER	
WIC vendor # 9999 1					01/01/2003	01/30/2003	0002257	
CLIENT I.D.	AGENCY	CLINIC	FOOD PATTERN	FI TYPE	VENDOR MUST DEPOSIT WITHIN 30 DAYS OF FIRST DAY TO USE		PAY TO THE ORDER OF WIC VENDOR NO	
XXXXXXXXXX	XX	XX	XXXXXXXXXX	XXXXXXXXXX	DATE OF USE 5		8	
FOR PURCHASE OF APPROVED WIC CHECKS ONLY (NO SUBSTITUTIONS ALLOWED):								
XX	XXXXX	XXXXXX	The following FIs have been replaced:					
			9999990	\$33.44	\$33.44			
			9999991	\$12.64	\$10.00			
			9999992	\$121.64	\$121.64			
					AMOUNT 6			
					\$ 165.08	NOT VALID WITHOUT WIC VENDOR AUTHORIZATION ST 7		
					X State Official Signature			
					WIC CUSTOMER SIGNATURE AT TIME OF PURCHASE			

1. Name Of Vendor
2. Date Check Was Generated
3. Last Day To Deposit
4. List Of Rejected Checks
5. Date Of Deposit
6. Amount (\$) Being Reimbursed
7. Signature Of Designated State Official
8. Vendor Stamp

Penalty Points

9-3

The WIC Program shall assess penalty points based on the following values:

- A. Category I Violations = 1 points per violation
- B. Category II Violations = 5 points per violation
- C. Category III Violations = 15 points per violation
- D. Category IV Violations = 150 points per violation

The WIC Program shall assign notices, warnings, and mandatory training on the following penalty point schedule:

- A. 1 pt = Written Notice of Sanction
- B. 15 pts = Written Warning of Mandatory Training
- C. 30 pts = Mandatory Training
- D. 40 pts = Written Warning of Suspension

Penalty Points (cont.)

9-3

The WIC Program shall assign suspensions on the following penalty point schedule:

- A. 45 pts = 30 day Suspension
- B. 60 pts = 90 day Suspension
- C. 75 pts = 180 day Suspension
- D. 90 pts = 270 day Suspension

The WIC Program shall assign disqualifications on the following penalty point schedule:

150 pts = Disqualification for one (1) calendar year

Category I Violations

9-2

(One (1) sanction point assessed per infraction):

- A. Failure to visibly post the WIC Vendor Sign;
- B. Accepting pre-signed, altered, or lost or stolen checks;
- C. Failure to check a customer's WIC I.D. Folder at time of purchase;
- D. Obtaining a customer's signature before entering the date and amount;
- E. Failure to use permanent ink when filling in the date and amount;

Category I Violations (cont.)

(One (1) sanction point assessed per infraction):

- F. Failure to display prices or clearly mark WIC products with prices;
- G. Failure to remove or allow the purchase of expired foods;
- H. Failure to allow a Vendor Site Review or to provide WIC checks for review;
- I. Failure to provide requested inventory records.

Category II Violations

9-2

(Five (5) sanction points assessed per infraction):

- A. Failure to the maintain minimum variety and quantity of WIC foods;
- B. Failure to submit a Price/Stock Report;
- C. Failure to remit payment for refunds requested by WIC;
- D. Require additional purchases to redeem WIC checks;
- E. Require the purchase of all items listed on the WIC check, or prevent the purchase of all items listed on the WIC check;

Category II Violations (cont.)

(Five (5) sanction points assessed per infraction):

- F. Require the purchase of specific brands;
- G. Collecting tax on WIC items;
- H. Treat a WIC customer discourteously;
- I. Failure to attend mandatory training;
- J. Failure to ensure WIC Program compliance;
- K. Failure to inform and train cashier and other employees on WIC Program requirements.

Category III Violations

(Fifteen (15) sanction points assessed per infraction):

- A. Seek restitution from WIC customer;
- B. Hinder or prevent authorized WIC personnel from entering the store or impeding on-site education, monitoring, or investigation.

Category IV Violations

(One hundred fifty (150) sanction points assessed per infraction):

- A. Discriminate on the basis of race, color, national origin, sex, age or disability.
- B. Submission of false information in connection with the vendor application.

Mandatory Sanctions

Sanction: One (1) year disqualification.

Violation: Provide unauthorized food items in exchange for WIC checks, including charging for WIC Allowed foods provided in excess of those listed on the WIC check. (*pattern*)

Mandatory Sanctions

Sanction: Three (3) year disqualification.

Violation:

- One (1) incidence of the sale of alcohol, alcoholic beverages or tobacco products in exchange for WIC checks;
- Claim reimbursement for WIC checks in excess of documented inventory; (pattern)
- Charge a WIC participant or authorized representative more for WIC Allowed foods than non-WIC customers; (pattern)
- Charge a WIC participant or authorized representative more than the current shelf or contract price; (pattern)

Mandatory Sanctions

9-6

Sanction: Three (3) year disqualification.

Violation:

- Charge for items in excess of or not listed on the WIC check; (pattern)
- Receive, transact or redeem WIC checks outside of authorized channels, including the use of an unauthorized Vendor or an unauthorized person; (pattern)
- Charge for WIC food items not received, including rain checks; (pattern)
- Allow exchange of WIC checks for credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances. (pattern)

Mandatory Sanctions

Sanction: Six (6) year disqualification upon first offense.

Violation:

- Administrative finding of one (1) incidence of buying or selling WIC checks for cash (trafficking);
- Administrative finding of one (1) incidence of selling firearms, ammunition, or explosives in exchange for WIC checks;
- Administrative finding of one (1) incidence of selling controlled substances in exchange for WIC checks.

Mandatory Sanctions

Sanction: Permanent disqualification upon first offense.

Violation:

- Conviction of trafficking or illegal sale of WIC checks;
- Conviction of selling firearms, ammunition, or explosives in exchange for WIC checks;
- Conviction of selling controlled substances in exchange for WIC checks.

Civil Money Penalties

- Civil money penalties shall only be used if disqualification of the Vendor would cause hardship to WIC participants.
- Civil money penalties imposed shall not exceed \$20,000 per violation and \$40,000 per investigation.
- See page 9-7 through 9-9 in your manual for more information.

Vendor Rights and Responsibilities

- WIC ID Stamp
- Report of Changes
- Appeal Rights and Hearings
- Conflict of Interest
- Business Integrity

WIC Forms (Section 12)

- Vendor Complaint Form
- Vendor Order Form
- WIC Vendor Price/Stock Report

Vendor Order Form

Indicate quantity of
item needed

Fax request to WIC
at (808) 586-8189

HAWAII WIC PROGRAM
Vendor Order Form

If you would like copies of any of the following training aids/materials, please indicate the amount you need of each item and mail or fax your order to:

WIC Services Vendor Management Unit
230 S. Beretania St., #101
Honolulu, HI 96813
Fax: (808) 586-8189

Order Section:

- Hawaii WIC Allowed Foods List (brochure) *(Sample vendors: 1/1/00/01)*
- "WIC ALLOWED FOODS" tags (Blue and White Staff Markers & vendors for WIC participants)
- Vendor Complaint Form (July 2002)
- Vendor Price/Stock Report (May 2002)
- Vendor Stamp(s) (used to validate WIC checks)
- Hawaii WIC Vendor Manual (March 2002)
- WIC Check (sample used to advance cashiers)
- ID Folder (sample used to advance cashiers - Revised October 2002)
- WIC Vendor Sign (used to sign off on vendors on a sign) *(WIC Order: 5' x 8' Laminated / 4' x 8" Static Cling)*
- WIC Vendor Training PowerPoint Presentation (CD-ROM)
- WIC Vendor Manual (W3-Word document on CD-ROM)

Please mail supplies to:

Store Name: _____ Attn: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- Should you have any questions regarding your order, please contact the Vendor Management staff at (808) 586-4116.

*** ***** ***

Vendor Complaint form

**Hawaii WIC Program
VENDOR COMPLAINT FORM**

On: _____ at _____ STORE
Date (Month, Day, Year) Time (Hour: Minutes)

Customer's Name and/or Description: _____ Client ID #: _____

Using WIC Check(s) _____ Used for:
(Check Check Number(s))

Purchase unauthorized food with a WIC check (please describe food below)
 Did not sign check
 Use a WIC check before/after valid date (circle "before" or "after")
 Purchase WIC foods with an invalid WIC Identification Folder (missing or mis-matched signatures)
 Return WIC food for cash, credit, or non-WIC items
 Purchase non-food items with WIC check (please describe items below)
 Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
 Use an altered WIC check (please describe alteration below)
 Use a pre-signed WIC check
 Other (please describe below)
 Customer was abusive toward store personnel (please describe below)

Vendor comments/statement: _____

Did transaction go through? Yes No After purchase
Copy of WIC check attached? Yes No
Additional comments attached? Yes No

Vendor Name and WIC Vendor #: _____ Address/City: _____
Vendor Employee Name: _____ Phone Number: _____

Fax to: (808) 586-4138
Mail to: WIC Vendor Management, 225 S. Beretani St., Suite 100, Honolulu, HI 96813
Phone: (808) 586-4779 or 1-888-625-6425

WIC FORM v-011 (01/05) WIC Distribution - Licensed
Diet. Exp.

Hawaii WIC Program 12 - 1 Vendor Manual
Revised March 2005

WIC Vendor Price Stock Report

WIC VENDOR PRICE/STOCK REPORT INSTRUCTIONS

Complete all sections of pages 1 through 5, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC Program will assume that your store does not have that particular food item in stock. Do not estimate or project prices or stock. The WIC Vendor Price/Stock Report must reflect actual shelf prices and actual stock on hand at the time of completion.

1. Carefully review the WIC Minimum Inventory Requirements on pages 6 through 8.
2. On pages 2, 3, 4 and 5, indicate if your store meets the minimum inventory requirement for each food item by checking "Yes" or "No". If you answer "No", indicate the amount of the food item in stock by filling in the corresponding blank.
3. List the shelf price for each food item in stock. Fill in the price for the exact size listed.
4. When more than one brand is available, include your lowest (including sale price) and highest price.
5. Fax pages 1 through 5 of the WIC Vendor Price/Stock Report to (808) 595-8189, or mail to: WIC Vendor Management, 235 South Beretania Street, Suite 701, Honolulu, HI 96813.

CERTIFICATION

I certify that:

1. I am authorized to act on behalf of the Vendor;
2. I have verified that the quantities of WIC inventory listed on pages 2, 3, 4 and 5 are either on the shelves or in inventory housed at the Vendor's store location;
3. I have verified that the prices listed on pages 2, 3, 4 and 5 are true and correct.

Signature: _____ Date: _____

Name (Print): _____ Phone: _____

Title: _____ Fax: _____

Store Name/Number: _____

Store Address: _____
wicrma0002300

*Hawaii WIC
Program Locations
and Phone Numbers
(Section 13)*

*Please remember to sign and turn in your
Acknowledgment of Training form*

Toll Free 1-888-820-6425

586-4776 or 586-4756



Mahalo

for attending WIC's Vendor Training